## FLAGSTAFF AQUAPLEX

1702 N FOURTH ST, FLAGSTAFF, AZ 86004

## **CLIMBING WALL RULES**

- 1. Only participants who have successfully completed a Climbing Wall Belay Certificate Requirement administered by Aquaplex Staff will be allowed to belay other climbers.
- All climbers 17 years of age & under must have a signed Parental Consent Waiver which will
  include a Hold Harmless & Acknowledgement of Risk Agreement on file before using the
  Climbing Wall. All climbers must sign an Aquaplex Climbing Release/Indemnification waiver
  before entering the Climbing Wall area.
- 3. All climbers must abide by posted Climbing Wall Rules.
- 4. All climbers must submit to and obey commands of all Aquaplex Staff who are administering, teaching, or supervising climbers.
- 5. All accidents, damaged equipment, loose holds, or safety concerns must be reported to Aquaplex Climbing Wall Staff immediately.
- 6. Climbing "off route" is restricted in order to prevent dangerous pendulum swings in the event of falls.
- 7. Free Climbing / Free Soloing (climbing without a rope) is strictly prohibited.
- 8. Climbing above or unclipping the top rope anchors is strictly prohibited.
- 9. Any climber may be asked by Climbing Wall Staff to adjust, alter, or discontinue any activity or behavior deemed to be inappropriate, disruptive, or hazardous.
- 10. The minimum weight for a climber is 35 lbs; maximum weight is 300 lbs.
- 11. No food or drink is allowed in Climbing Wall area.
- 12. Climbers may bring their own harnesses but they must be approved by Aquaplex Climbing Wall Staff prior to use. Climbers may not use their own ropes.
- 13. Climbers must wear appropriate foot wear and dry clothing (no bare feet, Crocs or sandals).
- 14. Climbing Wall spectators must remain in assigned area.

I, as a Climbing Wall participant, will follow these policies or will lose my privileges to use the Climbing Wall. I have read and understand the policies for the Aquaplex Climbing Wall. I assume full responsibility for my actions and will do my best to ensure my safety and the safety of others around me.

PRINT NAME	
CLIMBERS SIGNATURE	DATE
C.W. STAFF NAME & SIGNATURE	DATE





## Flagstaff Aquaplex

## Climbing Release/ Indemnification of all claims and Covenant Not to Sue

Please read the following before signing: In consideration for the right to participate in The City of Flagstaff's Aquaplex activities, the climbing wall, climbing lessons, or outdoor climbing, I hereby agree to the following: I understand any recreational/sports activity, including the one I am applying for, involves certain risks to my personal safety and property, or the safety and property of others. I further understand participation in Aquaplex Climbina Wall activities requires certain skills and capabilities and I agree it is solely my responsibility to insure my health is adequate and my capabilities are sufficient to participate in this activity. I agree to assume any and all risks associated with my participation in this activity. I agree to follow all rules for safe participation in this activity with full knowledge that I may be banned from future activities if rules are violated. I hereby waive any and all claims I may have against the City of Flagstaff and its officers, employees, agents, servants, insurers and all representatives and sponsors arising out of my participation in this activity. I hereby release and hold harmless The City of Flagstaff of any claim brought by a third party due to my participation in this activity. I understand I may be photographed, and give my permission for the use of my image to publicize activities for the City of Flagstaff's Parks & Recreation Department. In the event of any emergency, I give consent for myself or my child to be taken to and treated at the nearest medical facility, understanding that every effort will be made to contact the emergency contact person set forth. In such event, I shall be solely responsible for medical expenses associated with medical care. If I am signing this agreement on behalf of a minor child, I understand the foregoing agreements and waivers shall apply equally to the child. I further acknowledge that the following list is not inclusive of all possible risks associated with using the Aquaplex Climbing Wall and that the list in no way limits the extent or reach of this release and covenant Not to Sue. I hereby acknowledge and agree that the sport of rock climbing and the use of the Flagstaff Aquaplex Climbing Wall (hereinafter referred to as the Climbing Wall) have inherent risks including but not limited to:

- 1. All manner of injury resulting from falling and impacting against rock faces and projections, whether permanently or temporarily in place, on the ground or recreation center floor;
- 2. Rope abrasion, entanglement and other injuries resulting from activities on or near the Climbing Wall such as, but not limited to climbing, belaying, rappelling, auto belay systems, rescue systems, and any other rope techniques;
- Injuries resulting from falling climbers, rocks or dropped items, such as but not limited to ropes or climbing hardware;
- Cuts and abrasions resulting from skin contact with Climbing Wall, climbing equipment;
- 5. Failure of ropes slings, harnesses, climbing hardware, auto belay systems, anchor points, or any part of the Climbing Wall structure or other climbing equipment;
- 6. Climbers & Wall users may be belayed or spotted by someone other than an Aquaplex Climbing Wall Employee. Any climber that belays others must have on file a valid Aquaplex Belay Certification.
- 7. Injuries resulting from non-controllable environmental conditions.

Witness' Signature

I certify that the climber's Date of Birth is	
Climber's Signature	Climber's Name, PRINTED CLEARLY
Address	Emergency Contact (Name & Number)
State & Zip	
said minor may participate in Aquaplex Climbing Warelease on their behalf. In addition, I give the City of permission to treat said minor in case of illness, employed the control of the	under 18 years of age, I have read and voluntarily agreed that activities and programs, including Open Climb, and I sign this of Flagstaff, it's officers, agents, volunteers and employees ergency, or accident. Should emergency medical services become the expenses are the sole responsibility of the participant and not
Signature of Parent or Legal Guardian	Today's Date

Witness' name, Printed Clearly